



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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|------------------------|---------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Agency: | HISWay, LLC | Region(s): | 4 |
| Agency Type: | Residential Habilitation Agency | Survey Dates: | 4/19/16-4/22/16 |
| Certificate(s): | RHA-236 | Certificate(s) Granted: | <input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full |

| Rule Reference/Text | Findings | Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance) | Date to be Corrected (mm/dd/yyyy) |
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| 16.04.17.301.03.j 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04) | <p>Review of agency documentation revealed that 1 out 9 employee records lacked verification of compliance with IDAPA 16.05.06. "Criminal History and Background Checks".</p> <p>For example:</p> <p>Records for employee #8 revealed that the agency failed to print a copy of the employee's clearance letter within fourteen (14) days of the clearance being accessible.</p> | <p>1. HISway will make copies of notarized applications for employee files</p> <p>2. This action is moving forward, as the files that may not have the notarized applications are now complete. <i>Click here to enter text.</i></p> <p>3. HISway Human Resource Department will be doing this as new employees are hired. <i>Click here to enter text.</i></p> <p>4. Administration will access employee files to verify this documentation is complete. <i>Click here to enter text.</i></p> | 5/2/2016 |
| 16.04.17.301.03.k. 301. PERSONNEL. 03. Personnel Records. A record for each | Review of agency documentation revealed that 3 out of 9 staff records reviewed lacked evidence that the | 1.All files of current employees will be reviewed to ensure job descriptions are signed and in the file. <i>Click here to enter</i> | 5/30/2016 |



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| employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: k. Evidence that the employee has received a job description and understands his duties. (3-29-12) | <p>employee received a job description and understands his duties.</p> <p>For example:</p> <p>Records for employee #5 show that the employee was promoted to House Supervisor on 3/5/16 but did not receive a job description verifying that the employee understands their duties.</p> <p>Records for employee #7 show that employee lacked a job description at the date of hire for the position of direct care staff.</p> <p>Records for employee #9 show that the employee changed positions on 1/9/2016, but did not receive a job description verifying that the employee understands their duties.</p> | <p><i>text.</i></p> <p><i>2. Any changes in job description after initial hire come with an evaluation. If there is a change the new job description will be signed at that time Click here to enter text.</i></p> <p><i>3. HISway Human Resource will review files and ensure the procedure is used moving forward. Click here to enter text.</i></p> <p><i>4. Administration approves all evaluations and will ensure new job descriptions are signed.</i></p> | |
| 16.04.17.302.02. 302. SERVICE PROVISION PROCEDURES. | Review of agency documentation revealed that 1 out of 6 participant | <i>1 The Participant identified was corrected at the time of Survey. All</i> | <i>5/30/2016</i> |



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| 02. Implementation Plan. Each participant must have an implementation plan that includes <u>goals and objectives specific to his plan of service</u> residential habilitation program. (3-20-04) | records (participant #5) lacked an implementation plan that includes the goals and objectives specific to the plan of service. Agency corrected the deficiency during survey. | <i>Participant files are being reviewed to be certain they are in compliance.. Click here to enter text.</i> <i>2. Participant files are being reviewed to be certain they are in compliance. Click here to enter text.</i> <i>3. HISway Program Director is overseeing the Program Coordinators as they review Participant files.</i> <i>4. Administration and the Program Director will monitor Participant files to be certain they are in compliance.</i> | |
| 16.04.17.302.03. 302.SERVICE PROVISION PROCEDURES. 03. Periodic Review. Review of services and participant satisfaction must be conducted at <u>least quarterly</u> or more often if required by the participant's condition or program. (3-20-04) | Review of agency documentation revealed that 2 out of 6 participant records reviewed lacked documentation verifying that services and satisfaction were reviewed quarterly. For example: Records for participant #2 lacked documentation that a review of services was completed for the 3 rd and 4 th quarter in 2015. | <i>1. Program Coordinators will be doing monthly QA's on the homes they serve.</i> <i>2. Once a Quarter the Program Coordinators will QA houses they do not serve on a rotation basis.</i> <i>3. Quarterly QA's will be reviewed by the Program Director and Administrator to ensure any issues are addressed.</i> <i>4.A check off list of houses is now in place to be certain all houses have responded appropriately and all</i> | 5/30/2016 |



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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| | Records for participant #3 lacked documentation that a review of services was completed for the 3 rd quarter of 2015. | <i>Participants have been reviewed. Click here to enter text.</i> | |

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| Agency Representative & Title: Ellen Hampton, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i> | Date Submitted: 5/11/2016 |
| Department Representative & Title: <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i> | Date Approved: 5/16/2016 |